

Mental Health Services Act (MHSA) Allowable Expenditures

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS projects provide direct services to adults and children who have a serious mental illness or severe emotional disturbance.

Program Standards

- Community Collaboration
- Cultural Competence
- Client/Family Driven
- Wellness, Recovery and Resilience focused
- Integrated services

General Standards

- Principles of the Adult and Older Adult Mental Health Systems of Care (W&I Code Section 5800 et. seq.
- Principles of the Children's Mental Health Services Act (W&I Code 5850)
- MHSA funds may only be used to fund those portions of the mental health programs/services for which there is no other source of funding available
- When programs/services include collaboration with the juvenile justice or criminal justice system, any law enforcement function and /or function that supports a law enforcement purpose shall not be funded.
- MHSA funds shall not be used to fund services for incarcerated in state/federal prison or for parolees from state/federal prisons
- MHSA funds may be used for program/services provided in juvenile halls and or county/jails only for the purpose of facilitating discharge

The CSS component contains four funded categories

- Full Service Partnership
- General System Development
- Outreach and Engagement
- Mental Health Services Act Housing Program

Full Service Partnership (FSP) provides the full spectrum of community services to clients (children, youth TAY, adults and older adults) so that they can achieve identified goals. Individuals must meet criteria for a FSP and enter into a Partnership agreement with the county. The County is required to spend the majority (51%) of CSS funds in this category.

Allowable expenditures (not limited to)

- Mental health treatment
- Peer Support

- Supportive services to assist the client (when appropriate the family) in obtaining and maintaining employment, housing and/or education
- Wellness Center
- Alternative treatment and culturally specific treatment approaches
- Personnel service coordination/case management
- Assessment/plan development
- Crisis intervention/stabilization services
- Family education services
- Food
- Clothing
- Housing (including but not limited to, rent subsidizes, housing vouchers, house payments, residence in alcohol and drug treatment, transitional or temporary housing)
- Cost of health care treatment
- Respite care
- Wraparound services

General System Development (GSD) – programs to improve mental health services and supports for people who receive mental health services.

Allowable expenditures

- Mental Health treatment, including alternative and culturally specific treatments
- Peer support
- Supportive services to assist clients (when appropriate the family) in obtaining and maintaining employment, housing and/or education
- Wellness Centers
- Personnel service coordination/case management
- Assessment/plan development
- Crisis intervention/stabilization services
- Family education services
- Programs/services that improve the county mental health delivery system for all clients and their families
- Development and implementation of strategies for reducing ethnic/racial disparities
- When working collaboratively with other non-mental health community programs and/or services only the costs directly associated with providing the mental health service shall be paid under the GSD category

Outreach and Engagement (O&E) – programs designed to reach, identify and engage unserved individuals and communities in the mental health system and reduce disparities identified by the county.

Allowable expenditures

- Food, clothing and shelter, only when the purpose is to engage unserved individuals and when appropriate their families.
- Outreach to entities such as
 - ✓ Community based organizations
 - ✓ Schools
 - ✓ Tribal communities
 - ✓ Faith based organizations
 - ✓ Primary care providers
 - ✓ Homeless individuals
 - ✓ Individuals incarcerated in county facilities
- When working collaboratively with other non-mental health community programs and/or services only the costs directly associated with providing the mental health service shall be paid under the O&E category

PREVENTION AND EARLY INTERVENTION (PEI)

Key Community Mental Health Needs for PEI programs include Prevention or Reduction of:

- Emotional and behavioral health problems among at-risk children and youth and transition age youth
- Disparities in access to mental health services
- Psychosocial impact of trauma
- Stigma and discrimination against people with serious mental illness/emotional disturbance and/or those seeking mental health services
- Suicide through measures such as increased awareness of the signs of suicide risk and actions to prevent suicide

General Prevention and Early Intervention Requirements

Prevention programs shall be designed to reduce risk factors or stressors and build protective factors and skills prior to the diagnosis of a mental illness and shall include one or both of the following:

- Universal prevention activities
 - A prevention activity within a PEI program that targets the general public, or a population group that has not been identified on the basis of individual risk (i.e. activities that educate school aged children and youth on mental illness.
- Selective prevention activities
 - A prevention activity within a PEI program that targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average (i.e. older adults who have lost a spouse or young children whose mothers have postpartum depression).

Early intervention programs shall target individuals exhibiting signs of a potential mental health problem, and/or their families, to address the individuals mental health problem early in its emergence.

- Services shall not exceed one year, unless the individual is identified as experiencing first onset of serious mental illness with psychotic features

Program Service Requirements

- PEI programs shall target, but are not limited to, individuals who are unserved/underserved
- PEI programs shall serve one or more of the target populations selected as result of the Community Planning Process
- PEI programs shall identify outcomes related to one of the Key Community Mental Health Needs

- PEI programs shall provide services in non-traditional mental health settings such as primary healthcare clinics, schools, and family resource centers, unless a traditional setting enhances access to services and outcomes for unserved/underserved populations
- PEI programs shall be designed to reduce disparities in services by providing culturally and linguistically competent services, and/or facilitating access to services, and/or improving outcomes for participants

Allowable Expenditures

- Personnel, including mental health professionals , paraprofessionals and community liaisons
- Operating costs including educational materials and curricula, equipment, supplies, travel and facilities rent
- Expansion of a non-MHSA program by adding PEI services

Non-Allowable Expenditures

- Individualized treatment, recovery, and support services for those who have been diagnosed with a serious mental illness (SMI) or severe emotional disturbance (SED), unless certified by a clinician as experiencing first onset
- Housing
- Non-PEI related technology activities

INNOVATION – General Requirements

Definition of Innovation

A project is one that contributes to learning rather than a primary focus on providing a service. It is an opportunity to “try out” new approaches that can inform current and future practices in communities. An innovation project can contribute to learning in one or more of the following ways:

- Introduce new mental health practices/approaches including prevention and early intervention that have never been tried before, or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduces a new approach to the mental health system of a promising community-driven practice/approach that has been successful in on-mental health contexts or settings.

Clarification: A practice that has been successful in one community mental health setting cannot be funded as an INN project in a different community event if the practice/approach is new to that community, unless it has been changes in a way that contributes to the learning process.

Voluntary Participation (a person cannot be denied access based solely on his/her voluntary or involuntary status)

Essential Purpose - W&I Code section 5830 specifies that funds be used for the following purposes:

- Increase access to underserved groups
- Increase the quality of service, including better outcomes
- Promote interagency collaboration
- Increase access to services

Note: Approved trailer bill language requires Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of the County’s Innovation plan prior to making expenditures on the plan.

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training (WET) programs and activities shall address workforce shortages and deficits identified in the Workforce Needs Assessment (required by regulation section 3830).

Allowable expenditures

- Education of the Public Mental Health workforce on incorporating the General Standards of the MHSA into its work
- Increase the number of clients and family members of clients employed in the Public Mental Health System through activities such as:
 - ✓ Recruitment
 - ✓ Supported employment services – vocational rehabilitation activities provided to a client and/or family member of a client for the purpose of obtaining, sustaining and enhancing their employment
 - ✓ Creating and implementing promotional opportunities
 - ✓ Creating and implementing policies that promote job retention
- Conduct focused outreach and recruitment to provide equal employment opportunities in the Public Mental Health System for individuals who share the racial/ethnic, cultural/linguistic characteristics of clients, family members and others in the community with serious mental illness.
- Recruit, employ and support the employment of individuals in the Public Mental Health System who are culturally and linguistically competent, or are at a minimum trained in cultural competence
- Provide financial incentives to recruit or retain employees within the Public Mental Health System
- Staff time spend supervising interns
- Incorporate the input of clients and family members and when possible use them as trainers or consultants in mental health activities and programs.
- Incorporate the input of diverse racial/ethnic populations into mental health programs and activities
- Establish regional partnerships.

Non-Allowable Expenditures

- Funds cannot be used to address the workforce recruitment and retention of needs of systems other than the Public Mental Health System, such as criminal justice, social services and non-mental health systems.
- Pay for staff time spend providing direct public mental health services
- Off-set lost revenues that would have been generated by staff who participate in WET programs and activities.